



Idaho State Boards, Commissions, and Councils

Application for Appointment

Return all information to: Office of the Governor
Attn: Boards & Commissions
P.O. Box 83720
Boise, ID 83720

Personal Information				Sex	
Title	First	Middle	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street		City	State	Zip	Phone
					Mobile

Interests	
Board, Commission, or Council you would like to serve on	Political Party

Please explain why you would like to serve on this board or commission

List all current organizations and societies of which you are a member

List all past boards, commissions, or councils you have served on

Please list and explain all included supporting documents (Note: Your complete resume and Authorization for Background Check are required)

The information set forth above in my application is true to the best of my knowledge. False statements or omitting required information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

_____	_____
Signature	Date



Idaho State Boards, Commissions, and Councils

Authorization for Background Check

Public positions and appointments require a higher degree of scrutiny, so a background check may be required for your appointment by the Governor. The information provided will be confidential pursuant to state and federal law.

Personal			Sex
Title	First	Middle	Last
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Alias Names (include maiden and married names)			Date of Birth
Social Security Number		Drivers License Number	Other Identification ID
Address (please include previous 5 years)			
Current Address		City	State Zip
Alternate Address		City	State Zip
Previous Address		City	State Zip
Previous Address		City	State Zip
Previous Address		City	State Zip
Previous Address		City	State Zip
Previous Address		City	State Zip
Criminal			
Please list ANY criminal offenses, including misdemeanors and DUI, for which you have been convicted, pled guilty, or received a withheld judgment within your lifetime.			
Approximate Date	City, State	Offense or Violation	

The information set forth above in my application is true to the best of my knowledge. False statements or omitting required information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

I hereby authorize investigation, without liability, of the information supplied by me in this application and other information, including but not limited to: academic / educational records, occupational history, criminal history, credit records, government records, and personal references.

_____	_____
Signature	Date